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Department of Veterans Affairs

STATE CEMETERY DATA

FISCAL YEAR ENDING (State)

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 60 minutes per response. Statutory authority for the State Cemetery Grants Program is 38 U.S.C., subchapter 2408. This form is approved under OMB No. 2900-0559, and when form is completed it provides VA with data regarding the number of interments conducted at states veterans cemeteries each year.

VA may not conduct or sponsor, and you are not required to respond to, this collection of information unless it displays a valid OMB Control Number. Responding to this information collection is voluntary. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (045A4), 810 Vermont Avenue, NW, Washington, DC 20420. Please do not send applications for benefits to this address.

address.	,		(0.101.	,,				,			F F			
NAME OF CEMETERY					STATUS OF CEMETERY		NAME OF DIRECTOR					AREA CODE AND PHONE NO.		
						OPEN CLOSED					FAX NO	FAX NO.		
MAILING ADDRESS					DATE ESTABLISHED		DATE OPENED		DATE OF FIRST BURIAL		DATE OF ESTIMATED CLOSURE			
						HORITY								
NAME OF STATE AGENC	CY RESPONSIB	LE (Organiz	gationally) FOR	CEMETERY	(For	example: Department o	of Veterans Affair.	s. Please include	Director's name, telepho	one no.,	and fax no	o.)		
TOTAL ACREAGE (Usable/unusable)		TOTAL BURIAL ACREAGE		BURIAL ACREAGE DEVE		LOPED COLUMBARIA		NICHES TOT		TAL COLUMBARIA NICHES AVAIL.				
SIZE OF GRAVESITE (e.g. 5' x 10')		GRAVESITES PER ACRE		GRAVESITES AVAILABLE		TOTAL IN-GROU		UND NICHES TOT		TAL IN-GROUND NICHES AVAIL.				
COMMENTS (i.e., The acre provide your comments on pl				unds (estimatea	l d amou	nt) for expansion in a p	articular year/mo	I onth to develop the	remaining acreage is re	equested	d. If additio	onal space is needed please		
NUMBE	R OF CUMUL	ATIVE IN	ITERMENTS	3			NUMBER OF	INTERMENTS	i		OF HEAD	OSTONE/MARKER		
	FULL CASK	ET -	CREMATIONS				VETERAN		DEPENDENT		сиррисион	L DOX(CS))		
		IN	IN-GROUND COLUMBA		RIA						FLAT BRONZE			
VETERAN						FY PRIOR					BRONZE			
VETERAN						FIFRIOR				l H	FLAT GR	ANITE		
NON-VETERAN						FY CURRENT					UPRIGHT	Γ GRANITE		
											FLAT MA	RBLE		
GRAVESITES MAINTAINED						FY FUTURE (Estimated)					UPRIGH1	Γ MARBLE		
PERSONNEL								OPERATING C				OSTS		
NO. OF ADMINISTRATIVE NO. OF GROUNDS MAIN					TENA	NCE	PRIOR YEAR \$		CURRENT YEAR			FUTURE YEAR \$		
NO. OF OTHER (Specify)			INTERMENT	HARGED TO VETERAN FOR AMOUNT CHARGED TO DEPENDENT FOR INTERMEI										
						 \$			\$					
COST COMMENTS (Use t then please reflect their salar and attach to form.)								•				their salary is paid by them, your comments on plain paper		
LOCATION AND GENERA' example, cemetery is located separate administrative build paper and attach to form.)	near an old civil	war battlefie	ld or is part of t	he state vetera	ıns hon	ue. Also, describe your	facilities. e.g., the	e cemetery has a s	parate maintenance fac	ility wit	th three, he	ated maintenance bays, a		
DESCRIBE ELIGIBILITY F Are there any Medal of Hono														

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				OPEN CLOSED					FAX N	FAX NO.		
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			7	AUTHORITY								
NAME OF STATE AGENC	Y RESPONSIBL	LE (Organizationally) FO	R CEMETERY	(For exa	ample: Department o	of Veterans Affair:	s. Please include	Director's name, teleph	one no.,	and fax n	10.)	
TOTAL ACREAGE (Usable/unusable)		TOTAL BURIAL ACREAGE		BURIAL ACREAGE DEVE		LOPED COLUMBARIA		NICHES TOT		TAL COL	TAL COLUMBARIA NICHES AVAIL.	
SIZE OF GRAVESITE (e.g. 5' x 10')		GRAVESITES PER ACRE		GRAVESITES AVAILABLE		=	TOTAL IN-GRO	OUND NICHES	TO	GROUND NICHES AVAIL.		
COMMENTS (i.e., The acreage developed is almost full and additional funds (estimated amount) for expansion in a particular year/month to develop the remaining acreage is requested. If additional space is needed please provide your comments on plain paper and attach to form.)												
NUMBE	NUMBER OF CUMULATIVE INTERMENTS					NUMBER OF	INTERMENTS	<u> </u>	TYPE OF HEADSTONE/MARKER (Check applicable box(es))			
	FULL CASKE	ET -	ATIONS			VETER	AN	DEPENDENT	ļ`	**	,	
		IN-GROUND	COLUMBAR	lΑ					lп	FLAT BE	PONZE	
VETEDANI					Y DDIOD						E NICHE	
VETERAN	i		 		Y PRIOR				1 =	FLAT GI		
NON-VETERAN				E	Y CURRENT						T GRANITE	
NON-VETERAIN				+-	YCURREINI				1 =	FLAT M		
GRAVESITES MAINTAINED					Y FUTURE Estimated)					UPRIGH	HT MARBLE	
CE ADMINISTRATIVE		PERSONNEL	C. IN IDO MANINIT			-3105 VEAD		OPERATING		<u>s</u>	T-: TIBE VEAD	
NO. OF ADMINISTRATIVE	: 	NO. OF GRO	OUNDS MAINT			PRIOR YEAR		CURRENT YEAR			FUTURE YEAR \$	
NO. OF OTHER (Specify)					AMOUNT CHARGED TO VETERAN FOR INTERMENT (Do not include burial plot allowance) \$					TO DEPI	ENDENT FOR INTERMENT	
COST COMMENTS (Use the then please reflect their salar, and attach to form.)											l their salary is paid by them, y your comments on plain paper	
LOCATION AND GENERA example, cemetery is located separate administrative build paper and attach to form.)	near an old civil w	war battlefield or is part of	the state veteran	ns home.	Also, describe your	facilities. e.g., the	e cemetery has a s	separate maintenance fa	cility wit	th three, h	neated maintenance bays, a	
DESCRIBE ELIGIBILITY F Are there any Medal of Hono												

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